

## Application for Federal Assistance SF-424

\*1. Type of Submission:

☐ Preapplication

☒ Application

☐ Changed/Corrected Application

\*2. Type of Application

☒ New

☐ Continuation

☐ Revision

\* If Revision, select appropriate letter(s):

\*Other (Specify)  
\_\_\_\_\_

\*3. Date Received:

NA

4. Applicant Identifier:

YKM (Yakima Air Terminal/McAllister Field) Yakima, WA

\*5b. Federal Entity Identifier:

53-0089

\*5b. Federal Award Identifier:

### State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\*a. Legal Name: City of Yakima

\*b. Employer/Taxpayer Identification Number (EIN/TIN):

91-6001293

\*c. Organizational DUNS:

07-821-2651

### d. Address:

\*Street 1: 2406 West Washington Ave, Suite B, \_\_\_\_\_

Street 2: \_\_\_\_\_

\*City: YAKIMA \_\_\_\_\_

County/Parish: \_\_\_\_\_

\*State: WA \_\_\_\_\_

Province: \_\_\_\_\_

\*Country: USA: United States \_\_\_\_\_

\*Zip / Postal Code 98903 \_\_\_\_\_

### e. Organizational Unit:

Department Name:

Division Name:

### f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. \_\_\_\_\_ \*First Name: Robert \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: Peterson \_\_\_\_\_

Suffix: \_\_\_\_\_

Title: Airport Director

Organizational Affiliation:

\*Telephone Number: 509-575-6149

Fax Number:

\*Email: rob.peterson@yakimawa.gov

**Application for Federal Assistance SF-424**

**\*9. Type of Applicant 1: Select Applicant Type:**

X. Airport Sponsor

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10. Name of Federal Agency:**

**Federal Aviation Administration**

**11. Catalog of Federal Domestic Assistance Number:**

20.106

CFDA Title:

Airport Improvement Program

**\*12. Funding Opportunity Number:**

NA

\*Title:

NA

**13. Competition Identification Number:**

NA

Title:

NA

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\*15. Descriptive Title of Applicant's Project:**

\$1,342,035 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\*a. Applicant: 4

\*b. Program/Project: 4

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\*a. Start Date: NA

\*b. End Date: NA

**18. Estimated Funding (\$):**

*a. Federal	\$1,342,035
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$1,342,035

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)**

☐ Yes ☒ No

**If "Yes", provide explanation and attach**

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: Mr. \_\_\_\_\_ \*First Name: Robert \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: Harrison \_\_\_\_\_

Suffix: \_\_\_\_\_

\*Title: City Manager

\*Telephone Number: 509-575-6040

Fax Number:

\* Email: bob.harrison@yakimawa.gov

\*Signature of Authorized Representative:

\*Date Signed: